

**Maryland State Board of Dental Examiners
Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue
Catonsville, Maryland 21228
(410) 402-8510**

DENTAL HYGIENIST LICENSE RENEWAL

License Number _____

Notice For Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under Annotated Code of Maryland, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of Maryland, State Gov't Article, §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

SECTION I – CHANGE OF NAME AND ADDRESS

Law requires licensees to notify the Board of a name or address change within 60 days.

Name (Last, First, Middle Initial):	
Street Address:	
City, State, Zip:	

If your name has changed since the last renewal, please submit proof of name change such as a court document or marriage certificate to the Board.

2011 RENEWAL FEES – PAYABLE TO MARYLAND STATE BOARD OF DENTAL EXAMINERS

Active Dental Hygienist: **total fee \$182**

Inactive Dental Hygienist: **total fee \$75**

Please note that a late fee is due for renewals submitted during the period from July 1, 2011 through July 31, 2011. The late fee is \$150 for dental hygienists.

On or after August 1, 2011, all dental hygienists who have not renewed their licenses must apply for reinstatement if they wish to receive a license. Reinstatement requirements can be found in the Code of Maryland Regulations, Title 10, Subtitle 44, Chapter 10.

SECTION II – GENERAL INFORMATION

A. Social Security Number: - -

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Home Phone Number: - -

C. Work Phone Number: - -

D. Date of Birth _____ (mm/dd/yyyy)

SECTION II – GENERAL INFORMATION (CONT'D)

E. Race ☐ Caucasian ☐ African American ☐ Asian ☐ Hispanic or Latino ☐ Native Hawaiian/other Pacific Islander
☐ American Indian ☐ Other

F. Gender ☐ Female ☐ Male

G. E-Mail Address:

H. Requested licensure status:

Check one of the following:

- ☐ Active
☐ Inactive
☐ Do not renew
☐ Retired Volunteer (Please contact the Board's office for a Retired Volunteer Application)

I. Present Maryland licensure status:

☐ Active ☐ Inactive

J. Maryland practice:

Since your last renewal have you practiced in the State of Maryland? ☐ Yes ☐ No

K. Licensure in other states:

State	License Number

SECTION III - CHARACTER AND FITNESS

The following questions pertain to the period starting on July 1, 2009 and ending June 30, 2011.

If you answer "YES" to any question(s) in Section III – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

- | YES | NO | SINCE JULY 1, 2009 |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment? If you are under a Board Order in a state other than Maryland and the Order was effective on or after July 1, 2009, you must enclose a certified legible copy of the entire Order with this application. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dental hygiene license been withdrawn for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? |

SECTION III - CHARACTER AND FITNESS (CONT'D)

YES NO

- ☐ ☐ g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?
- ☐ ☐ h. Are there any criminal charges against you in any court of law, excluding minor traffic violations?
- ☐ ☐ i. Do you have a physical or mental condition that currently impairs your ability to practice dental hygiene?
- ☐ ☐ j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?
- ☐ ☐ k. Do you illegally use drugs?
- ☐ ☐ l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity?
- ☐ ☐ m. Have you been named as a defendant in a filing or settlement of a malpractice action?
- ☐ ☐ n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?

Section IV - Local Anesthesia By Infiltration

YES NO

- ☐ ☐ I administer local anesthesia by infiltration.
- ☐ ☐ I have received Board recognition to administer local anesthesia by infiltration.

SECTION V – DENTAL HYGIENE EDUCATION

a. School of graduation: _____

b. Date of graduation: _____
(Month, Day & Year)

c. Degree earned: _____

SECTION VI - CONTINUING EDUCATION REQUIREMENTS

Choose one statement that applies to you. If you check e., you must include a written request for an extension with this application. All applicants for renewal of an active license must complete and return the enclosed form listing the names, dates, and credit hours of courses taken during the continuing education period.

- ☐ a. Continuing education requirement met. I have completed 30 hours of continuing education, including two (2) hours of infection control, and maintained my CPR certification during the period from January 1, 2009 through December 31, 2010. I have also completed a 2-hour Board approved course in abuse and neglect.
- ☐ b. New graduate. I received a license within 6 months after graduation from an approved dental hygiene school and am not required to fulfill the continuing education requirements of the Board for the first 2-year renewal cycle following initial licensure.
- ☐ c. Graduate student. I am currently enrolled in a graduate program. Please specify program and location.

- ☐ d. Inactive status. I have or am requesting an inactive dental hygiene license and am not subject to the continuing education required until or unless I request reactivation of the license.
- ☐ e. Continuing education requirement not met. I have not fulfilled the continuing education requirements of the Board and have attached a written request for an extension to June 30, 2011 to satisfy the continuing education requirements. I understand that failure to include a written request for an extension may result in my not meeting the qualifications for renewal of my license.

Release and Certification Instructions:

Please indicate your acceptance of the Release and Certification by 1) checking the box "Yes" and 2) Signing the Release and Certification.

Release and Certification:

Practice of dental hygiene without an active license is a violation of the Dental Practice Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my dental practice as a licensed dentist in the State of Maryland, including a subpoena requesting documents or records; the inspection of my dental practice; or my appearance before the Board or its staff.

I shall inform the Board within 60 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, §4-315.

I solemnly affirm, under the penalties of perjury, that the above is true to the best of my knowledge, information or belief.

☐ Yes (In addition please sign the Release and Certification which follows)

Applicant Signature

Date

**STATEMENT OF CONTINUING EDUCATION COURSES COMPLETED FOR 2010 LICENSE RENEWAL.
CONTINUING EDUCATION PERIOD: JANUARY 1, 2009 – DECEMBER 31, 2010**

Regulations require that licensees complete 30 hours of **clinical** continuing education per renewal period, including two hours of infection control and maintain CPR Certification, and have completed a 2-hour Board approved course in abuse and neglect in order to renew a license. Up to 17 hours of self-study activity are permitted to meet the 30-hour requirement. Courses on money management, personal finance, personal business matters, including practice management, personal health and recreation, politics, memory training, speed reading, and HIPAA are not considered clinical and may not be applied toward the 30 hours continuing education requirement. For a copy of the Code of Maryland Regulations, Title 10, Subtitle 44, Chapter 22, Continuing Education, contact the Board at 410-402-8509.

	COURSE TITLE OR NAME	CREDIT HOURS EARNED	DATE	NAME OF INSTRUCTOR OR SPONSOR	Check if Self Study
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

<i>Infection Control Course :</i>			
<i>Current CPR Card:</i>	No CE credit		

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**2011 RENEWAL INSTRUCTIONS
RENEWAL DEADLINE JUNE 30, 2011**

Renewal Instructions:

This is your renewal package for the July 1, 2011 through June 30, 2013 renewal period. Our renewal application has changed. Please carefully read and complete each section of the renewal application that pertains to your licensure type and return it to our office on or before June 30, 2011. You may renew only if you have completed your continuing education requirements by December 31, 2010 or have requested a six-month extension to complete the requirements by June 30, 2011, as required by regulation. Your signature on the application attests to the successful completion of the required hours by the deadline. Submission of any false statement regarding continuing education may result in formal disciplinary action by the Board.

Your application must be fully completed and signed in order to be processed. **Incomplete forms will be returned and will cause your renewal to be delayed and subject you to a reprocessing fee of \$50.** Applications that are not fully completed, signed, and received by the Board before the expiration date will subject you to additional fees and possible disciplinary action. **Practicing without a current active license, registration, or certification is a violation of the Dentistry Act and could result in disciplinary action, including suspension or revocation.**

Address: The Board must, by law, have a valid address for you. The address you provide is the "address of record" that is available for public information requests and the address to which the Board will forward all correspondence. The Board does not send licenses, registrations, or certifications to post office boxes. You must provide a street address. Please provide a telephone number where you can be reached during the day in the event the Board needs to contact you regarding the processing of your application.

Continuing Education: A licensee shall complete not less than 30 full hours of continuing education, including at least 2 hours of infection control, during the 2-year period from January 1, 2009 – December 31, 2010. A licensee must also maintain cardiopulmonary resuscitation (CPR) certification from the American Heart Association's Basic Life Support for Healthcare Providers, the American Red Cross Cardiopulmonary Resuscitation for Professional Rescuers, or an equivalent program approved by the Board. The CPR certification does not count toward fulfilling the continuing education requirements. ***In addition, you must complete a 2-hour Board approved course in Abuse and Neglect, which you may take in a classroom or on-line.***

Licensees must complete the enclosed Statement of Continuing Education Courses Completed for License Renewal.

You need only list the name of the course, the date completed, and the number of credit hours. Do not submit course completion certificates. Licensees selected for a continuing education audit received separate notification. If you received an audit notification letter you need not complete the enclosed Statement of Continuing Education Courses Completed for License Renewal.

Not all courses and programs are accepted by the Board. The course or program must be designed to enhance the licensee's clinical knowledge and ability to treat dental patients and it must be offered by a Board approved sponsor. Only clinically related subject matter that is given by approved sponsors will qualify for continuing education credit. Up to 17 credit hours of clinically related subject matter, including infection control, may be gained through self-study activities during any renewal cycle. Exercise caution when selecting courses for continuing education credit. Board approved sponsors sometimes offer courses that are not clinically related and may claim the course is Board approved although it may not be approved. It is your responsibility to ensure that the course qualifies for continuing education credit. If you have questions about whether a course will meet the continuing education requirements please contact the Board. Please also remember that a licensee must maintain accurate records of continuing education courses or programs for the preceding 5 years, and must make the records available to the Board or its representatives upon request.

FAILURE TO COMPLY WITH CONTINUING EDUCATION REQUIREMENTS BY DECEMBER 31, 2010 OR, IF AN EXTENSION HAS BEEN GRANTED, JUNE 30, 2011 WILL RESULT IN NON-RENEWAL OF THE DENTAL HYGIENE LICENSE.

Continuing education for license renewal is governed by the Code of Maryland Regulations (COMAR) 10.44.22. COMAR regulations are available on the web at www.dsd.state.md.us. Statutes governing the Board are available on the web at www.mlis.state.md.us.